15/5/2010

INS. CASE OWNER: CC2 / AIG1800853 / Klys3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KALVIN DOI: 12/01/18 Date / Time : 12/01/18

Registered in Merimen: 15/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC 8021Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 1/01/18 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 6809J	SJC 8021Y (OI)	SHC 284G (TP)
INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: CASE Cargo
Tel :	Tel :	Tel :
Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 384G - CS/FCI1400199/Ggm3k3 DOA: 01/02/14
	- CS/FCI1700320/fvbs2 DOA: 25/08/16
	- CS/FCI1703126/Hghm2 DOA: 15/02/17
	- CS/SMD1602429/Mgh3m2 DOA: 18/12/16
	- CS3/FCI1602448/Ggh3m2 DOA: 18/12/16
	SJC 8021Y - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act;		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email Call

FINAL SETTLEMENT	Date/Time:	Confirm with	Email Cal
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only LOU only LOR + LOU LOR + LO [Tick only one]			
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	S$	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Cal
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Surname: Kalvin REF:

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop / s:

of:

Insured:

Policy No.:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh.:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? **Yes** or **No**

GIA / PR Seen: Consistent? **Yes** or **No**

Est. Repairs: days Res.: **Yes** or **No**

Lum Sum: % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle **IN / OUT**

Date: Person Contacted:

Veh No: SHC 3846 Yr Regn: To Be 2010

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or

Make: Hyundai Santa Cc: 1991

Colour: Yellow A/C: **Insured / Std / NI / NA**

Sp Reading: 5-96964 T Radio: **Insured / Std / NI / NA**

Eng No:

C/No.: KMHET51VMAA801786

Gen Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi: **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 215/60R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R.Bal:	7 mm	R.Bal:	7 mm
L.Bal:	7 mm	L.Bal:	7 mm

D.O.A: 11/1/18 D.O.I: 12/1/18

Survey held at: COGE (10 years)

Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or Rear

The **U/C / Chassis frame / Body Structure** affected due to collision

Date / Time	Action / Instruction
15/1/18	Called L/S $1350/ 2021

AZA 4/5

Date/Time File Pass to: : Prelt. Report

: Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: Site Insp $

Inter... $

Te... $

... $

Report Format:

Lump Sum / I.B.I:

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

Date/Time: 11.01.2018 16:21 Page : 1

am: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.305106039

OMER

S CITYCAB PTE LTD
OMER NO. 7010070
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188. (O)
(P)

OUNT CARD NO.

REGN NO.: SHC 384G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: SONATA	DATE/TIME IN 11.01.2018 14:40
YR OF MANU: 30.12.2010	TARGET DATE
CHASSIS CODE: KMHET41VMAA801746	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 11.01.2018
ATURE: 3P 11.01.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC 384G LIMTS

f Service Advisor Signature/Date

eturned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC 384G

Name of Service Advisor Date

To be kept by Security Guard